

Do you want net receipt? YES *pk*

FORM: 2708 (Rev. 4/79)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES
DISBURSEMENT OR REFUND REQUEST

Cell Location *SH429*

NAME: *J. L. KRAM*

DATE: *2/13*

CODE

--	--	--

INMATE'S NUMBER

9	2	4	2	5	8	1
---	---	---	---	---	---	---

SHORT NAME

J	L	K
---	---	---

CHECK / ORDER NUMBER

--	--	--	--	--	--	--

RIGHT ADJUSTED WITH LEADING ZEROS

AMOUNT \$

FIRST INITIAL

FIRST (3) OF LAST NAME

Please discount

available legal

Mail Free postage

8.50 processing fee

deduct

AMOUNT \$

ITEM(S) DESCRIPTION(S):

7001 0360 0001 9338 8173

Return receipt requested.

I HEREBY ACKNOWLEDGE EXPENDITURE OF
THE AMOUNT TO BE DEDUCTED FROM MY
INMATE ACCOUNT

Inmate's Signature

[Signature]

(White): Business Office (Yellow): Approving Office (Pink): Inmate Adm'n / 39

SEND TO or

PURCHASED FROM:

Box 4F

Commissioner of Corrections

Washington, DC 20231

* APPROVED:

[Signature]

2-13-03

APPROVED:

(Business Officer)

(Date)



CERTIFICATE OF MAILING

I hereby certify that this correspondence and attachments, if any, will be deposited with the United States Postal Service by First Class Mail—certified mail, return receipt requested, postage prepaid, in an envelope addressed to "Box AF, Commissioner of Patents, U.S.P.T.O. Washington, D.C. 20231" on the date below.

Date 2/13/03

Inventor's Signature: 